

614.4

Sa 2
Pam

City of St. Louis
Health Department

NOVEMBER 20TH, 1895.

In submitting this pamphlet, it is my intention to give to the public, in a plain and condensed form, the sanitary precautions to be observed in contagious diseases, and I have also included the rules and ordinances enacted by the Municipal authorities to govern such cases.

I earnestly recommend that the instructions and preventive measures be strictly carried out, and request the hearty co-operation of all citizens in the work of suppressing contagious diseases.

Max. C. Starkloff. M. D.

Health Commissioner.

P 1238

DIPHTHERIA.

1. Where hygienic conditions are bad, diphtheria will spread from a single case and become endemic (confined to a circumscribed locality) or epidemic (prevailing generally in a community). The malady differs in intensity from the mildest form, which resembles a simple sore throat, to the worst type of blood-poisoning, which is intractable from the beginning.

2. HOW THE DISEASE IS COMMUNICATED.—Diphtheria is communicable in all its forms, either by contagion or through the medium of an infected atmosphere; and when it has once broken out in a house, it is liable to spread through the air of the apartments, especially in overcrowded and badly ventilated habitations. Children are much more liable to the disease than adults, and are more subject to its violent forms. Adults may have it so lightly as not to be aware of its existence, and thus they may disseminate it ignorantly among children. All diphtheria patients and persons in contact with them should be considered dangerous, and should not associate with others until it is decided by a careful and intelligent physician that they can do so without endangering others. This applies especially to children attending schools, churches, or assemblies of any kind. Persons in intimate contact with diphtheria cases are very liable to have the bacillus in their throat secretion, and are therefore dangerous members of the community, for although showing no symptoms of the disease themselves, may be the means of transmitting it to others. The disinfection of houses before it is positively ascertained that the diphtheria bacillus is entirely absent from the throat should not be requested.

3. ACTIVE MEASURES OF PREVENTION.—These consist (1) in avoiding the special contagion; (2) in avoiding all crowded assemblies in illy ventilated rooms during the prevalence of the disease; (3) in maintaining thorough cleanliness of person and premises; (4) in the speedy removal of all vegetable and animal refuse matters; (5) in keeping cellars clean and dry; (6) in free and thorough ventilation of dwellings, especially sleeping

apartments; (7) in boiling or filtering drinking water when there is any suspicion as to its purity; (8) in the free use of disinfectants in all places where foul odors may arise.

4. **RESTRICTIVE MEASURES.**—The restrictive measures recommended are: (1) Prompt isolation of the sick from the well; (2) restriction of nurses in their intercourse with outside persons; (3) keeping the sick room free from all needless clothing, carpets, drapery, etc., likely to harbor the poison of the disease; (4) a liberal supply of fresh air in the sick room, taking care to avoid direct draughts; (5) burning or thoroughly disinfecting and burying, remote from the house and source of drinking water, all discharges from the throat, nose, mouth, kidneys and bowels; (6) placing soiled bed and body linen in boiling water at once, or in water containing a little chloride of lime, soda or zinc, or wash all the soiled linen and bed clothing, as well as the floors of the rooms where the disease has existed, with a solution of *Bichloride of Mercury* (*Corrosive Sublimate*) in the proportion of one part to two thousand; (7) disinfecting the rooms in which any case or cases of diphtheria have occurred, with all the contents, by exposure for several hours to strong fumes of chlorine gas or burning sulphur, and subsequently to currents of fresh air; (8) no public funeral should be held in a house in which a death from diphtheria has recently occurred, nor in a church or other place where the body of a diphtheria patient lies dead; (9) the bodies of those who have died of diphtheria should be securely wrapped in a disinfected cere-cloth—a sheet saturated in a solution of chloride of zinc, half a pound of the salt to a gallon of water.

5. Careful examination of all plumbing of the house, first as to the trapping of the water-closets, and sinks in laundry and kitchen, ventilation of soil pipes, and a careful examination of all plumbing of every description in a cellar in which there is a furnace. Where there are no sewer connections, the vaults in the yard should be kept scrupulously clean and well disinfected.

6. Where families move from one residence to another, the house into which they move should be well fumigated before the furniture is moved in. If they have had diphtheria in the house out of which they are moving, the house should be fumigated before the furniture is removed.

SCARLET FEVER.

Prevention and Restriction of Scarlet Fever.

SCARLET FEVER is a highly contagious disease, directly communicable from one person to another, or by infected clothing, rags, etc., or by the discharge from the body of a person sick with the disease. It is always attended with a scarlet eruption on the skin, and is generally accompanied by a sore throat. When a child or young person has a sore throat and fever, and especially if it has an eruption of the skin, it should immediately be separated and kept secluded from all other persons except necessary attendants, until it be determined whether or not it has scarlet fever, or some other communicable disease.

During the progress of this disease, not only the eruption of the skin, but everything that is thrown off from the body of the sick, contains the germs or seeds of the disease, which are capable of propagating it in another person. The discharges from the nose and throat are especially dangerous. The secretions from the kidneys, which are frequently seriously affected in scarlet fever, and the discharges from the bowels, are also supposed to be capable of spreading the poison, and this power may be retained for a long time. When these secretions have found their way into cess-pools, sewers, heaps of decaying organic matter, etc., they may be still capable of giving off the poison and of spreading the disease. It is, therefore, of the greatest importance to destroy the poison before it leaves the sick room.

Attendants upon persons suffering from scarlet fever, and also the members of the patient's family, should not mingle with other people, nor should children be allowed to enter a house in which this disease exists. Children not believed to be infected should be sent away from the house in which scarlet fever exists, to families not liable to the disease; but they should be isolated from the public for at least fourteen days from the time of their removal. Children under ten years of age are in much greater danger of taking the disease, and after they do take it, of dying from it, than are grown persons. But adults sometimes have the disease, and even though it be in a mild form, they may communicate the disease in fatal form to children.

In cases of scarlet fever the following directions should be carried into effect:

1. Have the patient placed in one of the upper rooms of the house, the furthest removed from the rest of the family, where is to be had the best ventilation and isolation. The room should be instantly cleared of all curtains, carpets, woolen goods and all unnecessary furniture. Keep the room constantly well ventilated, by means of open windows, and fires, if necessary. Maintain the utmost cleanliness both with regard to the patient and in the room. A basin charged with chloride of lime, or some other efficient disinfectant, should be kept constantly on the bed for the patient to spit in. Change the clothing of the patient as often as needful, but do not carry it while dry through the house. A large vessel (as a tub) containing a solution of carbolic acid, in the proportion of four fluid ounces of clear carbolic acid to the gallon of water, or a solution of chloride of lime, in the proportion of half an ounce of the best chloride of lime to the gallon of water, should always stand in the room, for the reception of all bed and body linen immediately on its removal from the person or contact with the patient. Pocket handkerchiefs should not be used, but small pieces of rag should be employed instead for wiping the mouth and nose; and each piece after being once used should be immediately burned. Two basins, one containing a solution of the purer quality of carbolic acid, in the proportion of half a fluid ounce to the quart of water, or of chlorinated soda, in the proportion of two fluid ounces to the quart of water, and the other containing plain water and a good supply of towels, must always be ready and convenient, so that the hands of the nurse may be at once disinfected and washed after they have been brought in contact with the patient. All glasses, cups, and other vessels used by or about the patient, should be scrupulously cleansed before being used by others. The discharges from the bowels and kidneys are to be received on their very issue from the body into vessels containing some disinfectant, as a solution of four fluid ounces of carbolic acid to the gallon of water, or of four ounces of the best chloride of lime to the gallon of water, and immediately removed. No person should be allowed to enter the room except those who are necessarily attending upon the sick. A sheet moistened with a strong solution of carbolic acid,

suspended outside the door of the room or across the passageway leading to it, is useful to complete the isolation of the patient.

2. Food and drink that have been in the sick room should be at once destroyed or buried.

3. Do not kiss a person who has a sore throat, nor take his or her breath. Do not drink out of the same cup, nor use any article that has been used by such person.

4. BODY AND BED CLOTHING, ETC.—It is best to burn all articles of small value which have been in contact with persons sick with scarlet fever.

5. Cotton, linen, flannels, blankets, etc., should be treated with the boiling hot zinc solution, introducing them piece by piece, securing thorough wetting and boiling for at least half an hour. Heavy woolen clothing, silks, furs, stuffed bed covers, beds and other articles which cannot be treated with the zinc solution, should be hung in the room during fumigation, pockets being turned inside out and the whole garment being thoroughly exposed. Afterward they should be hung in the open air, beaten and shaken. Carpets are best fumigated on the floor, but should afterward be removed to the open air and thoroughly beaten. Pillows, beds, stuffed mattresses, upholstered furniture, etc., after being disinfected on the outside, may be cut open and their contents again exposed to fumes of burning sulphur. In no case should the thorough disinfection of clothing, bedding, etc., be omitted. Infected clothing and bedding have been known to communicate scarlet fever months after their infection.

CONSUMPTION.

Sometimes called "Tuberculosis," "Phthisis," "Phthisis Pulmonalis," "Tubercular Phthisis," "Tubercular Consumption," or "Pulmonary Consumption."

CONSUMPTION IS KNOWN TO BE A COMMUNICABLE DISEASE, in which frequently the contagium is carried from the dried sputum of a consumptive to the lungs of a susceptible person, where it grows and multiplies and thus produces the disease. The germ which causes consumption is called the *bacillus tuberculosis*, and it is present in the sputa of consumptives. These bacilli are from about one twenty-thousandth to one ten-thousandth of an inch in length, and have a breadth about one-sixth of their length. (From 1.5 to 3.5, by .4 micromillimeters.) These bacilli have been thoroughly studied, and repeated successful inoculations have been performed on lower animals. Interesting experiments have been made in this connection by Dr. George Cornet, of the Berlin Hygienic Institute, with the dust of rooms inhabited by consumptives. Dust, collected from those surfaces not likely to be contaminated directly by the spitting or coughing of the patient, was mixed with sterilized bouillon and injected into the peritoneal cavity of guinea pigs. Forty days later the animals were killed, and a careful necropsy was made. Twenty-one hospital wards, in which there were consumptive patients, were examined in this way, and from the dust of fifteen of them tuberculosis was set up in the guinea pigs experimented upon. Private houses where consumptives lived gave similar results; where patients had been in the habit of expectorating on the floor, the dust from the walls was certain to yield infectious cultures, but where cloths or spittoons had been used this was not the case.

THE MODE OF COMMUNICATION OF THIS DISEASE is mainly from the dried sputa from consumptives. The germs in the sputa are carried into the air by sweepings, and deposited upon walls or contents of rooms, or find their way to the lungs of persons.

DESTRUCTION OF SPUTA.—It is evident that the only certain preventive of consumption is to destroy the sputum from the consumptive before it has an opportunity to dry and scatter the seeds. It is for the consumptive's own safety to destroy sputa,

because it reduces to a minimum the possibility of re-infection. Any person who has a habitual cough, and raises sputa, should have a microscopical examination of the sputa, to ascertain whether it contains the *bacillus tuberculosis*. Without waiting for such examination, in all such cases the sputa should be disinfected.

The consumptive should carry small pieces of cloth (each just large enough to properly receive one sputum) and paraffined paper envelopes or wrappers in which the cloth, as soon as once used, may be put and securely enclosed, and, with its envelope, burned on the first opportunity.

DESTRUCTION OF THE DEJECTA.—All dejecta of a consumptive person should be destroyed or disinfected; because it has been shown that the bacilli are to be found in the urine of persons having tubercular diseases of the urinary organs, and in the fæces of those having tubercular diseases of the bowels, and they may exist in the fæces of those who swallow sputa containing the bacilli, that is, possibly, of any consumptive. Disinfect each discharge from the bowels by thoroughly mixing with it at least one ounce of chlorinated lime in powder.

The unwashed clothing of a consumptive should not be mingled with the unwashed clothing of another person; care should be taken that the handkerchiefs be boiled, that other articles liable to harbor the bacilli should be disinfected, that no virus come in contact with a cut or injured hand.

No one should sleep in the same room with a consumptive patient; or in a room which has been occupied by a consumptive, unless the room has been previously subjected to the fumes of burning sulphur. A room which has been occupied by a consumptive person may well (with all its contents) be thoroughly disinfected, first subjecting it, for twenty-four hours, to strong fumes of burning sulphur, and then it should for several hours be exposed to currents of fresh air.

 Upon application to the Health Commissioner, all apartments that have been lately occupied by cases of consumption, will be subjected to the action of disinfectants, free of charge.

SMALL POX.

Small pox is always the result of infection. The specific poison which is the cause of the disease is very active—a momentary exposure to it will often result in producing small pox in the unprotected, and the vitality of the infection, under certain circumstances, is capable of being preserved a long time. The disease is dangerous and loathsome in the extreme, giving a high death rate in the unvaccinated, and hideously disfiguring and maiming many who outlive it.

The present generation from its own observation can have no adequate conception of the terrible devastation which this disease caused before the discovery of vaccination. In the large cities one-third of the deaths in children under ten years of age came from small pox.

Not a decade passed in which this disease did not decimate the inhabitants in one country or another, or over great tracts of country, so that it came to be more dreaded than the plague.

These facts of history give some idea of the benefit which has been conferred upon humanity by vaccination. Without the protection which it affords, nearly, if not quite, the olden, fearful rate of mortality would, in the course of a generation or two, be restored.

Cleanliness and the observance of the general laws of health might avail a little, but only a little, in restricting the disease, which seems to have its being always in infection.

In a community or town well and thoroughly vaccinated there would be no possibility of a serious extension of small pox. Neglect of this protection has, even in recent years, sometimes led to very disastrous and unprofitable results, entailing losses amounting to millions of dollars in human life and paralyzed business.

The all-important preventive measure is vaccination. In the face of the disease, VACCINATION, ISOLATION and DISINFECTION must go hand in hand.

VACCINATION.—Every child should be vaccinated in its earliest years, preferably before six months of age, and in case of danger of infection, the vaccination should be done at once, no matter how young the child is. Vaccination should be done

again before puberty, and better before ten or twelve years of age. Afterwards vaccination should be tried as often as every six or seven years, or oftener if the person is subjected to probable danger of small pox contagion.

Vaccination should be done only by competent physicians, and only with vaccine virus of undoubted reliability and purity, otherwise a sense of security is often felt when in fact protection is not obtained.

In the performance of this operation, scrupulous cleanliness in all respects should be observed, the skin of the selected site should be made aseptic, and the virus used should be of known good quality.

No blood should be drawn in the process, only the superficial layer of the skin being removed until an oozing of serum appears, and insertions of virus carefully worked in should be made in two or three places as, by so doing, the chances of successful inoculation are increased, and experience has shown the enhanced protection afforded by multiple scars of a genuine character.

In case of the presence of small pox, immediate and careful vaccination should be made of all persons who have not recently been so protected. Even after known exposure to the disease, vaccination should be done any time before the actual appearance of the eruption. If done within two or three days after exposure it will often prevent the disease, or make it much lighter; and done later, there is reason to believe that even then it has a salutary effect upon the course of the disease.

ISOLATION OR QUARANTINE.—When a case appears, enforce immediately strict isolation and quarantine of the patient, and this should be continued for at least two weeks after the recovery of the case and after the crusts have all separated. When the patient cannot be removed to a hospital, but must remain in a private house, secure a room, if possible, on the uppermost floor, and remove from it all articles and furnishings which will not absolutely be needed. For a nurse have some person who has been recently and successfully vaccinated, or who has had small pox. Keep all others away from the room. All other persons in the house and neighborhood should immediately be vaccinated. In case of death the funeral should be strictly private, and con-

ducted in such manner under the regulations of the Department as will insure no danger to the public.

DISINFECTION.—The disinfection should also be done under the same authority. During the sickness all discharges from the patient should be plentifully treated with disinfectant solutions of chlorine or carbolic acid before being thrown into the sewer. All crusts should be burned.

Clothing should be subjected to steam or sulphur disinfection, or immersed in disinfectant solutions, or subjected to prolonged boiling. All articles which cannot be surely disinfected must be burned.

If death should occur, the body should be immediately wrapped in a sheet wet with strong bichloride of mercury or carbolic acid solutions, and prepared as soon as possible for private burial.

The room and house should be very thoroughly fumigated with sulphur or chlorine vapors, and renovated with paper, paint and whitewash.

TYPHOID FEVER.

The specific cause of typhoid fever has been found in the air, drinking water defiled with decomposing organic matter and particularly with emanations from sewage. The poison of typhoid fever finds its way into wells, cisterns, drains and sewers by means of the dejections of persons ill of the disease. A single case may, in this manner, give rise not only to other cases, but even to extensive epidemics. Defective water closets or leaking drain pipes should be carefully attended to.

Typhoid fever is pre-eminently an endemic disease, but may become epidemic if proper sanitary precautions are neglected. The greatest care should be observed in the disposition of the discharges from the bowels of typhoid fever patients.

Recommendations.

Boil all water used for drinking purposes.

Boil and sterilize or Pasteurize milk.

Examine all the plumbing of the house and remedy the defects.

Thoroughly disinfect all closets and vaults.

Promptly remove all dejections from patients.

Avoid washing clothing of patient with typhoid fever in connection with other clothes.

General contact with patient should be confined only to nurse and doctor.

Vessels from which patients drink should not be used by any other.

Disinfection Solutions Recommended.

FOR CLOTHING, TOWELS, NAPKINS AND SHEETS.—Dissolve corrosive sublimate in water in the proportion of four ounces to the gallon, and add one drachm of permanganate of potash to give color to the solution as a precaution against poisoning. One fluid ounce of this solution to the gallon of water is sufficiently strong; articles should be left in it for two hours.

FOR THE DISINFECTING OF WATER CLOSETS, SINKS AND CESS POOLS.—Mix one pint of carbolic acid in two gallons of hot water in which there has been dissolved one quart of copperas. Sprinkle dry chloride of lime in privies.

After a case of typhoid fever has terminated, the premises should be thoroughly disinfected by the Health Department; this will be done whenever the request is made, free of charge.

Typhoid fever is considered a dangerous communicable disease, and as such, comes under the class of diseases that physicians are required by law to report to the Health Commissioner.

General Rules for the Prevention and Restriction of COMMUNICABLE DISEASES.

1. AVOID the contagium or special cause of the disease. Unless you are needed to care for the sick, or are protected by having had the disease, or in case of small pox by thorough vaccination, do not go near the sick person. Do not allow your lips to touch any food, cup, spoon or anything else that the sick person has touched or that has been in the sick room. Do not wipe your face or hands with any cloth that has been near the sick person. Do not wear any clothing that the sick person has worn during, just before or just after his sickness. Keep your hands free from discharges from the body or skin of the sick person. Do not touch him with sore or scratched hands. Particularly avoid inhaling or in any way receiving into the mouth or nose the branny scales that fall or peel from one recovering from or apparently wholly recovered from scarlet fever.

2. RESTRICT the contagium or special cause of disease. Isolate the sick. Separate those sick with any of these diseases, even if they are but mildly sick, from all persons except necessary attendants. A person sick with any of these diseases should not be permitted to suffer for want of care, food or comfort; but all his wants should be attended to by adults, or by those who are protected by proper vaccination or by having had the disease. Children and those who are not thus protected should be kept away from these diseases. Do not go from the sick room to a child or other unprotected person until after change of clothing and thorough washing of hands, face, hair or beard. Always wash the hands thoroughly after any handling of the sick person or of anything that has been in contact with the sick person. Keep those who have been exposed to any of these diseases away from schools, churches and other assemblies, and from all children, until it is known whether they are infected; and if they are found to be infected, isolate them till after complete recovery and thorough disinfection.

3. Keep your house and premises and everything connected therewith clean, but remember that *the contagium of these dis-*

eases may attach to the cleanest article of clothing, food, drink, book or paper if it is exposed thereto.

When the death of a person who has died from scarlet fever, diphtheria or small pox is announced in print, the notice should state the cause as “from scarlet fever,” diphtheria or small pox, as the case may be, to prevent attendance at the funeral or visits to the house by persons liable to take the disease.

Provisions and Requirements of Law

RESPECTING THE DUTIES OF

PHYSICIANS

WHEN IN ATTENDANCE UPON A CASE OR CASES OF
COMMUNICABLE DISEASE.

[17,186.]

AN ORDINANCE in relation to the reporting of contagious, infectious and pestilential diseases, and to repeal section three hundred and sixty-one, article eight, chapter fourteen, of the Revised Ordinances of eighteen hundred and eighty-seven.

Be it ordained by the Municipal Assembly of the City of St. Louis, as follows:

SECTION 1. It shall be the duty of each and every practicing physician of the City of St. Louis to immediately report to the Health Commissioner of the city each case of small pox, typhus fever, croup, cerebro-spinal fever, diphtheria, erysipelas, measles, puerperal fever, scarlatina, typhoid fever, yellow fever, whooping cough, cholera and chicken-pox which he may see or be called upon to attend within the limits of the city.

SEC. 2. In reporting cases of contagious, infectious or pestilential diseases, the physician shall be required to give the name and residence (street and number), age and color, of each case.

SEC. 3. In cases of typhus fever, small pox, diphtheria, scarlatina and cholera, where the house is not placarded within thirty-six hours after the first report, duplicate report must be made.

SEC. 4. Whenever any case of diphtheria, scarlatina, cholera, typhus fever, typhoid fever, small pox and cerebro-spinal fever has terminated, and there are no other cases in the same house, the physician last attending such cases shall report immediately the fact to the Health Commissioner, so said premises may be disinfected.

SEC. 5. Any physician violating any of the provisions of this ordinance, or failing to perform the duties required of him by this ordinance, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than fifty nor more than two hundred and fifty dollars, to be recovered for the use of the City of St. Louis before any court having competent jurisdiction.

SEC. 6. The Health Commissioner shall furnish the proper blank form on which to make the reports, as required by this ordinance.

SEC. 7. Section three hundred and sixty-one, of article eight, chapter fourteen, of the Revised Ordinances of eighteen hundred and eighty-seven is hereby repealed.

Approved April 1st, 1893.

Only houses in which there is Small Pox, Cholera, Diphtheria, Scarlatina, Croup, or Cerebro-Spinal Fever will be placarded.

N. B.—Every case occurring in the same family must be reported.

Provisions and Requirements of Law

RESPECTING THE DUTIES OF

The Managers and Principals of Public, Private and Parochial Schools of the City of St. Louis.

That in order to check the spread of contagious diseases the Health Commissioner strongly recommends to all superintendents and managers of public, private and parochial schools, the strict enforcement of Secs. 381 and 382, Art. 9, Chap. 14, Rev. Ord. 1893; and he also recommends the adoption by all managers of schools of the following rules for the government of schools under their charge:

Regulations in Regard to Small Pox, Diphtheria, Scarlatina, Measles, Whooping Cough, Chicken Pox, Erysipelas and Croup.

SECTION 1. When any member of a family is afflicted with any of the above named diseases, all children of that family, and all children living in the same house, must be excluded from school.

SEC. 2. When two or more families use in common the same entrance to a building, or the same yard, or the same water closet, or the same vault, all children of such families must be excluded from school, in case any member of one of these families is afflicted with any of the above named diseases.

SEC. 3. Children who have been excluded from school, under the above conditions, for small pox, croup, cerebro-spinal fever, diphtheria, or scarlatina, shall be reinstated only upon a certificate of the CHIEF SANITARY OFFICER of the HEALTH DEPARTMENT that the case or cases in that locality have terminated, and that the premises where the diseases have existed have been thoroughly fumigated by the HEALTH DEPARTMENT.

SEC. 4. Children who have been excluded from school, under the above conditions, for MEASLES, WHOOPING COUGH, CHICKEN POX or ERYSIPELAS, may return upon the certificate of the attending physician that the child is well.

Sections 381 and 382, Art. 9, Chap. 14, Rev. Ord. 1893, as follows:

SECTION 381. The parents or guardians of children attending any private or public school, who shall permit them to attend school after it becomes known to said parents or guardians that any of their family are infected with any *infectious or contagious disease*, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined in a sum of not less than five nor more than ten dollars.

SEC. 382. Any principal or teacher of any private or public school in the City of St. Louis having official or authentic information of the existence of any *infectious or contagious disease* in the family of any pupil attending said school, shall immediately cause the removal of said pupil from said school, *and until he (or she) shall have undoubted proof of the premises where the family reside being disinfected and the disease eradicated.* Any failure on the part of any principal or teacher complying with the provisions of this article shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined in a sum not less than five nor more than ten dollars.

The Health Commissioner strongly recommends that all premises in which there has been Diphtheria, Croup, Cerebro-Spinal Fever, Scarlatina, Measles, Small Pox or Consumption, be thoroughly disinfected on the termination of each case.

The Health Commissioner also recommends that the funerals of all persons dying of Small Pox, Diphtheria, Croup or Scarlatina, be private, and that on no account shall the placards placed on the houses by order of the Health Commissioner be removed until the person is well or the funeral has taken place and the premises fumigated.

All premises will be fumigated free of charge upon application to the Health Commissioner.

Section 379, Article 9, Chapter 14, of the Ordinances of the City of St. Louis.

SECTION 379. Whenever any physician shall report to the Health Commissioner any case of small pox or contagious disease in any dwelling or building in the City of St. Louis, the Health Commissioner shall have the power, whenever in his opinion it

is necessary, to cause to be placed on the outside of any building or dwelling or door of any room, a printed placard, giving notice of the existence of such contagious disease. Any person who shall remove such placard, placed by order of the Health Commissioner, shall be deemed guilty of a misdemeanor, and upon conviction be fined not less than five nor more than twenty-five dollars.

The placard must remain until the premises have been disinfected by the Health Department.

MAX C. STARKLOFF, M. D.,

Health Commissioner.

November 20, 1895.

